

NOV 14 2005

PTO FAX NO.: 571-273-9300

Atty Docket No. 016930-003714US

ATTENTION: Exmr. Tracy A. Vivlemore
TELEPHONE NO.: 571-272-2914

Group Art Unit 1635

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CERTIFICATION OF FACSIMILE TRANSMISSION

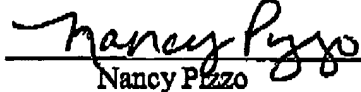
I hereby certify that the following document(s) in re Application of Loretta Nielsen et al.,

Application No. 10/824,058 filed April 13, 2004

for *Combined Tumor Suppressor Gene Therapy and Chemotherapy in the Treatment of Neoplasms*
is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Number of pages being transmitted, including this page: 9

Dated: 14 November 2005


Nancy Pizzo

Document(s) Attached

1. SB/21 - Transmittal Form
2. Response to Restriction Requirement (7 pgs)

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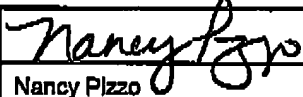
NOV 14 2005

PTO/8B/21 (08-04)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/824,058	
	Filing Date	April 13, 2004	
	First Named Inventor	NIELSEN, LORETTA	
	Art Unit	1635	
	Examiner Name	Tracy Ann Vivemore	
Total Number of Pages in This Submission	9	Attorney Docket Number	018930-003714US

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Nathan S. Cassell		
Date	14 November 2005	Reg. No.	42,396

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By: Nancy B. Pizzo
Nancy Pizzo

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

NIELSEN et al.

Application No.: 10/824,058

Filed: April 13, 2004

For: Combined Tumor Suppressor Gene
Therapy and Chemotherapy in the
Treatment of Neoplasms

Confirmation No. 6094

Examiner: Tracy Ann Vivlemore

T.C./Art Unit: 1635

**RESPONSE TO RESTRICTION
REQUIREMENT**

Mailstop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed October 14, 2005, please enter the
following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on
page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.